

Case Number:	CM15-0170749		
Date Assigned:	09/11/2015	Date of Injury:	03/30/2000
Decision Date:	10/13/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/31/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 73 year old female who sustained an industrial injury on 3-30-00. The injured worker reported headaches. A review of the medical records indicates that the injured worker is undergoing treatments for lumbar strain, neck disorder, thoracic sprain or strain, restless leg syndrome and chronic migraine without aura with intractable migraine. Medical records dated 3-31-15 indicate pain rated at 4 out of 10. Treatment has included massage, acupuncture treatment, herbs, Horizant since at least March of 2015, Botox injections since at least March of 2015, Treximet since at least March of 2015, Sumatriptan since at least March of 2015, Naproxen since at least March of 2015, Zanaflex since at least March of 2015, Advil since at least March of 2015, and Altace since at least March of 2015. Objective findings dated 8-11-15 were notable for alert and oriented x 3, no aphasia, normal affect, no acute distress, head unremarkable, tenderness palpable with spasm left greater than right cervical region and trapezius muscles upper aspect. The original utilization review (8-19-15) denied a request for Acupuncture 2 times a week for 6 weeks for the neck.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Acupuncture 2 times a week for 6 weeks for the neck: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The patient was currently being treated for lumbar strain, neck disorder, thoracic sprain or strain, restless leg syndrome and chronic migraine without aura with intractable migraine. The patient received acupuncture in the past. The guideline states that acupuncture may be extended with documentation of functional improvement. It was noted that the patient experienced 28 head days and 15 of those were migraines. The provider noted that the patient was receiving acupuncture once weekly with Botox and that her headaches were dramatically better. The patient now gets occasional minor headaches but no migraines headaches. The provider tried and failed multiple migraine prophylactic medications including TCA and Topamax. The patient has relative contraindication to Depakote due to stomach sensitivity and weight issues. Based on reported functional improvements in the decrease number of headaches and reported of having no migraine headaches, the provider's request for additional 12 acupuncture sessions for the neck is medically necessary at this time. Acupuncture appears to provide a great alternative to the migraine prophylactic medications for the patient's headache.